

**CITY OF ATLANTA APPLICATION FORM FOR 2004 FUNDING FOR CONTINUING PROJECTS**  
**Community Development Block Grant (CDBG), Home Investment Partnership Program (HOME),**  
**and Emergency Shelter Grant (ESG) Programs**

**All applications must be submitted to the Grants Management Office,  
Suite 15100, 68 Mitchell Street, SW, by 4:00 p.m. on May 15, 2003.**

Do not complete this form if your proposed project is not *currently* receiving City of Atlanta CDBG, ESG, or HOME funding. Instead, obtain and complete the application form for New Projects. Also, continuing projects already awarded two-year funding commitments for 2003 and 2004 should not complete this form.

**Who Should Use This Form?** This form should only be used to request continuation funding for the same projects and program activities funded in 2003. This is the only application form you will need to complete for Year 2004 funding for your continuation project, but you may be requested to provide some additional information after we have received this form. If you are requesting a substantial increase (more than 25%) in your current allocation either to expand your continuing project or to request funding for a new project component, you should use the New Project Application Form, which can be requested by calling Grants Management at (404) 330-6112 or picked up at 68 Mitchell Street, SW, Atlanta, Suite 15100.

**Possible Two-Year Funding Commitments:** Some projects may receive two-year funding commitments (see Instruction Package for qualification criteria). If you qualify for two-year funding but have special circumstances why the funding for the two years should not be equal, be sure to provide a separate budget for 2004 and 2005 and explain the budget variation in your Detailed Project Description. If you receive a two-year funding commitment, the second year's allocation will be dependent upon receipt of federal funds and the other qualifying criteria developed by the City. Projects to receive two-year-funding commitments will be decided during the adoption of the 2004 Annual Action Plan. Those projects selected for two-year funding will not need to reapply next year for 2005 funding.

**Outcomes:** The City is continuing its efforts to determine the effectiveness of its programs through the use of "Outcome Funding". Outcomes are not the activities of the agency, but how the activities impact the people being served. This application contains a form for your use in explaining your anticipated Outcomes to us.

**Your Application Should Consist of the Following Items:**

One original signed copy and five (5) additional signed copies (6 total) of the completed application, including all attachments that are an integral part of the application. However, the following Exhibits are required but should not be attached to the applications:

- Exhibit 1: Two copies of your current Board of Directors roster
- Exhibit 2: Two copies of most recent audit (no older than 2001); audits may be bound
- Exhibit 3: Two copies of any *changes* in Bylaws
- Exhibit 4: Two copies of most recent financial procedures
- Exhibit 5: One copy of year-end narrative report from 2002 contract (if not previously submitted to Grants Management)

***Note: Do not bind or provide divider pages; number all pages clearly and in order, except for Exhibits.***

***Note Exhibits 1,2,3 are not applicable to government agencies.***

**For assistance in completing this form, contact Grants Management at 404-330-6112.**

<b>One original and 5 copies of full application are to be transmitted no later than 4:00 P.M. on May 15, 2003 to:</b> City of Atlanta, Grants Management 68 Mitchell Street, SW, Suite 15100, Atlanta, Georgia 30335-0323 Telephone # (404) 330-6112; TDD (404) 658-7182	For GM Use Only:	
	Proposal #	_____
	Date received	_____

**City of Atlanta Application Form for 2004-2005 Continuing Projects**  
**Under the Community Development Block Grant (CDBG), HOME Grant,**  
**and Emergency Shelter Grant (ESG)**

*Instead, obtain and complete the application form for New Projects.*

Project Name: \_\_\_\_\_

Current City \$ for Yr 2003	PROJECT BUDGET	Current \$ Yr 2003	Proposed \$ Yr 2004	Proposed \$ Yr 2005
CDBG \$ _____				
HOME \$ _____	Total Project Cost:			
ESG \$ _____	Total City Allocation:			
Total \$ _____	Other Funding Resources:			

**A. General Information**

Organization's Legal Name: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Executive Director's Name (if different from above): \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**B. Brief Project Description:** What the project does and who benefits. *(Must fit in this space, 8 lines max.)*

Project Location Street Address/Zip	Council District(s)	NPU(s)	Neighborhood(s)

**C. Service Area:** Citywide? (Circle Yes or No)      Yes      No

Neighborhood(s): \_\_\_\_\_

NPU(s): \_\_\_\_\_

**D. Applicant Certification of Accuracy:** Application is complete and accurate to the best of my knowledge.

Name/Title of Agency Representative	Signature	Date

**E. Description of Project Activities:** Describe specifically the activities that are carried out under this project, the timetable for these activities, and the use of the requested funding. If proposal is requesting an increase in project funding, address specifically how activities would be impacted if increase is not awarded.

**E.1. Project Changes:** Describe any proposed project changes, including program activities, beneficiaries, site location, etc. from the 2003 program for the 2004 and 2005 program years.

**E.2. Financial Changes:** Describe any financial changes that are anticipated to impact the project in 2004 and 2005. If it is anticipated that funding will be lost, explain the nature and cause of the loss and the agency's actions to identify replacement resources.

**F. Program Beneficiaries:** Describe specifically who will benefit and how they will benefit from the proposed activities, including demographics (such as age and gender of clients, geographic area(s) to be targeted/served, and income eligibility criteria or other eligibility requirements)

**F.1.** If your proposal is requesting funding for housing or homeless shelter development/improvements and/or direct service activities, then complete the appropriate chart(s) below. Assume 12 month funding (unless you specify otherwise) and funding at the requested level.

**a. For Housing Units Only**

Total # Units	Total # Beds	# Units below 50% Area Median	# Units below 30% Area Median	# Units Available to Purchase	# Units Available to Rent	# Special Needs Units/Beds*

**b. For Homeless Beds Only:**

Total# Beds	# Shelter Beds	# Transitional Beds	# Special Needs Beds*	Maximum Length of Stay

*\*Special Needs due to age, mental illness, substance abuse, or other physical/developmental impairments and disabilities.*

**c. For Direct Service Projects Only:** (Includes homeless/social services and job training)

Annual Unduplicated # Served	Average # Served daily	% Low Income	% Special Needs *	% Homeless Served	% Homeless Families	% Elderly	Avg. Length of Follow Up Time
		%	%	%	%	%	

*NOTE: percentages above may total more than 100% because categories may overlap.*

**G. Summary of Year 2003 Project Results:** Describe the specific Outcomes that have been realized by project participants during the City's contract year 2003 project to date. Include number and characteristics of persons served and results achieved. If you intend to change the Outcomes for your program from your current 2003 contract, please discuss why, based on your operational experience. (Final 2002 contract report, if applicable, should be attached to application as Exhibit.)

**H. Anticipated 2004 Project Outcomes:** Complete the chart below to describe the most significant Outcome(s) this project is expected to have for its participants for year 2004. Tell how many households or individuals will realize each Outcome and how each Outcome will be measured. Copy chart and attach to describe additional Outcomes.

**Outcomes:** Outcomes are not the activities of the agency, but how the activities impact the people being served. Outcomes may be long term or short term but must be quantified and measurable. Outcomes must relate to activities funded under this contract and should be limited in number to reflect only major impacts. Examples of Outcomes include # of seniors remaining in their own homes, # of clients placed in permanent jobs with living wage; # of affordable housing units rehabbed or created.

**Tasks:** These are the major activities carried out by the contractor/agency that lead to the specific Outcome. All Tasks must be quantified as to either the number of services provided and/or the number of people receiving the service. Only major Tasks should be included. Examples of Tasks are: # of people provided daily senior center services; # of intake/assessments; # of follow-up calls to determine job retention

**Outcome Measurements:** How will the contractor/agency determine whether an Outcome has been achieved; how specifically will success be determined? Outcome Measures must be specific as to methodology and reporting requirements, including follow-up and reporting timetables. Measures must be an accurate reflection of the specific Outcome being addressed.

Use additional forms is more than 2 Outcomes are proposed

<b>Outcome # 1</b>	<i>Describe how participants will benefit and how many are expected to realize this outcome.</i>	
<u>Major Tasks Necessary to Realize Outcomes</u>		
<b>Outcome Measures:</b> <i>Describe methodology, reporting requirement(s) and timetable for each Measure</i>		

<b>Outcome # 2</b> <i>Describe how participants will benefit and how many are expected to realize this outcome.</i>	
<u>Major Tasks Necessary to Realize Outcomes</u>	
<b>Outcome Measures:</b> <i>Describe methodology, reporting requirement(s) and timetable for each Measure</i>	

**I. Budget Summary for Year 2004:**

1. Provide full budget costs projected for year 2004 operations of your project. Include only the costs associated with the proposed activity, not all agency/organization resources. (Note: If you are eligible for 2-year funding and your year-2 funding would be significantly different than year-1, attach a separate budget for 2005)

Line Item	a. City \$ Requested by This Proposal	b. Project \$s from Other Resources	c. Total Project Cost \$ (= a +b)
1. Staff Salaries			
2. Staff Fringe Benefits			
3. Staff Travel			
4. Communications			
5. Rental/Lease			
6. Equipment Purchase			
7. Materials/Supplies			
8. Utilities			
9. Insurance/Bonding			
10. Contractual Services			
11. Printing/Reproduction			
12. Audit			
13. Volunteer Hours*			
14. Other (Specify):			
<b>GRAND TOTALS</b> <b>\$</b>			

\*Requires documentation

2. **Projected \$\$ From Other Resources:** Complete the following chart below to identify the source of "Other Resources" quantified above. "Other Resources" can include cash match, donated or in-kind physical match (such as free space, equipment, etc.) or in-kind match provided by volunteers (calculated at \$10/hour). Use the codes below in the Status Code column.

Proposed Source	Project Value in \$	Status Code <sup>1</sup>
<b>Total \$ Value:</b>		<b>\$</b> <span style="border: 1px solid black; padding: 2px 20px;"></span>

<sup>1</sup>**Status Codes for "Other Resources"**

<b>C</b>	Committed: Attach documentation/provide timetable for submission of documentation. Professional in-kind match will be considered as Committed <i>only</i> with written documentation. For continuing funding resources not yet committed for next year, provide most current award letters. <i>Additional documentation may be submitted as available through August 2003. If committed but not documented, attach explanation.</i>
<b>A</b>	Applied For: Provide status and estimated notification date
<b>TBR</b>	To Be Raised: Describe funding plan and timetable in the box below:

3. **Details of Salary Line Item:** This section provides back up for the salary line item shown in the Budget Summary on the previous page.

- a. **Staff/Salary Breakdown:** Please show all staff positions, regardless of funding source, which relate to the proposed project activities. If multiple staff members have the same position-title, list separately, e.g. Counselor 1, Counselor 2.

Proposed 2004 Position Titles	Salary Per Pay Period x	% Time On Project	x	# Pay Periods	=	TOTAL PROJECT \$s	=	Requested \$ This Proposal	+	Projected Other \$
<i>Example: Director</i>	<i>@ \$300</i>	<i>40%</i>		<i>26</i>		<i>3,120</i>		<i>3,000</i>		<i>120</i>
<b>Salary Line Item Total:</b>						<b>\$</b> <span style="border: 1px solid black; padding: 2px 20px;"></span>		<b>\$</b> <span style="border: 1px solid black; padding: 2px 20px;"></span>		<b>\$</b> <span style="border: 1px solid black; padding: 2px 20px;"></span>

b. Staff Fringe Benefits Proposed for Year 2004

					<b>Total Project Cost</b>	<b>Requested This Proposal</b>
F.I.C.A.	7.65%	x	\$	=	\$	\$
Workman's Comp		x		=		
Health/Welfare		x		=		
Retirement/Pension		x		=		
Other: (Specify)		x		=		
		x		=		
<b>Totals:</b>					= \$	\$

c. Proposed Changes In Staff Positions: If there are proposed changes for the staff positions currently funded, please explain in the space below:

d. Auto Allowance (Maximum of 32.5¢/mile permitted from grant funding)

# Miles/Week	x	¢/Mile	x	# Weeks	x	# Staff	=	Total Project Costs	Requested This Proposal
							=	\$	\$

Staff positions to receive auto allowance:

e. Communications

Telephone Base Rate/Month \$	x	# Months	=	Total Project Cost	Requested This Proposal
	x	\$		\$	\$
Long Distance/Month \$	x	# Months	=	Total Project Cost	Requested This Proposal
	x		=	\$	\$
Internet Access/Month \$	x	# Months	=	Total Project Cost	Requested This Proposal
	x	\$		\$	\$
Postage Costs/Month \$	x	# Months	=	Total Project Cost	Requested This Proposal
	x	\$		\$	\$
<b>Totals</b>				\$	\$



f. Utilities

Service: (Specify)	at	\$/Month	x	# Months	=	Total Project Cost	Requested This Proposal
		\$	x		=	\$	\$
			x		=		
		\$	x		=	\$	\$
<b>Totals</b>						<b>\$</b>	<b>\$</b>

g. Rental/Lease

1. Office Space	at	\$/Month	x	# Months	=	Total Project Cost	Requested This Proposal
					=	\$	\$
					=		
2. Office Equipment (Specify)	at	\$/Month	x	# Months	=	Total Project Cost	Requested This Proposal
					=	\$	\$
					=		
					=		
					=		
<b>Totals</b>						<b>\$</b>	<b>\$</b>

h. Equipment Purchase

	\$
	\$
	\$
<b>Totals</b>	<b>\$</b>

i. Office Supplies (Maximum of \$250/person/year is acceptable for grant portion)

\$/Month	x	# People	x	# Months	=	Total Project Cost \$	Requested This Proposal \$
\$			x		=	\$	\$

j. Insurance Bonding

Type	Total Annual Cost \$	Requested This Proposal \$
1. Liability Bond:	\$	\$
2. Fidelity Bond:	\$	\$
3. Other (Specify)	\$	\$
<b>Totals</b>	<b>\$</b>	<b>\$</b>

k. Contractual Services

Type	Total Annual Cost \$	Requested This Proposal \$
1.	\$	\$
2.	\$	\$
3.	\$	\$
<b>Totals</b>	<b>\$</b>	<b>\$</b>

I. Other Direct Costs

Item	Total Project Cost \$	Requested This Proposal \$
1.	\$	\$
2.	\$	\$
3.	\$	\$
<b>Totals</b>	\$	\$

Explain the need for any "Other Direct Costs" listed above and describe their relationship to proposed activities:

**J. Status and Timetable for Completion of Current Projects (Except Social Service Projects):**

Please provide accomplishments to date and a separate timetable for completion of *each* currently-operating project funded by the City of Atlanta. When will funds be fully expended? When will all contractual Outcomes be realized? When will project have achieved federal eligibility and meet all compliance requirements?